

## 1. Company Information

New Customer? :	Yes :	<input type="checkbox"/>	No :	<input type="checkbox"/>	Ace Rewards # :	<input type="text"/>						
					<small>(If Applicable)</small>							
Company Name :	<input type="text"/>											
Point of Contact :	<input type="text"/>											
Phone Number :	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	Email :	<input type="text"/>
Billing Address :	<input type="text"/>											
City / County :	<input type="text"/>				State :	<input type="text"/>	<input type="text"/>	Zip Code :	<input type="text"/>			

## 2. Additional Information

Tax Exempt? :	Yes :	<input type="checkbox"/>	No :	<input type="checkbox"/>	(If yes, please include a copy of tax form)
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## 3. Office Use Only

Account Number :	<input type="text"/>	Assigned Ace Rewards # :	<input type="text"/>
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Business Focus - Check One					
Contractor :	<input type="checkbox"/>	Property Manger :	<input type="checkbox"/>	Government/Municipal :	<input type="checkbox"/>
Painter :	<input type="checkbox"/>	Manufacturing :	<input type="checkbox"/>	School / College :	<input type="checkbox"/>
Electrician :	<input type="checkbox"/>	Restaurant / Hotel :	<input type="checkbox"/>	Religious Organization :	<input type="checkbox"/>
Plumber / HVAC :	<input type="checkbox"/>	Retailer :	<input type="checkbox"/>	Managed Care :	<input type="checkbox"/>
General :	<input type="checkbox"/>	Hospital :	<input type="checkbox"/>	Landscape / Irrigation :	<input type="checkbox"/>
Other :	<input type="text"/>				

### Notes

Use this space to share any additional information.

Customer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_